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BROADCAST STATIONTAMP AND TROUBLE ANNUAL EMPLOYMENT REPORT

ECTION I		Ç	EP 28 2000
Legal Name of the Licensee			CL 2.5000
Hispanic Broadcast Mailing Address	ing Corporation	Same o	OMMUNICATIONS
3102 Oak Lawn Aven	ue - Suite 215		
City Dallas		State or Country (if foreign address)	ZIP Code
Telephone Number (include area	code)	Texas	75219-6991
<u> Contact Counsel(20</u>	2) 293-3860	E-Mail Address (if available)	
	Facility ID Numb		Call Sign
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station Hea	dquarters
Radio TV	☐ Educat	ional Radio	HQ
Low Power	TV Educati	ional TV	
Internationa	1		
B. List call sign and location of share one or more employees.	all stations whose employees are o	on this report. This should include co	mmonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
		AM FM TV	
		AM PM TV	
		AM FM TV	
		AM FM TV	
		AM FM TV	
SECTION III A. PAYROLL PERIOD COVERI	ED BY THIS REPORT (DATE)	Tuly 1 - 15, 2000	
B. CHECK APPLICABLE BOX		s.º	
Fewer than five full-tin		during the selected payroll period (Complete page one only and
Five or more full-time certification statement		ring the selected payroll period (Comp	plete all sections of form and

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Mr. I	7	Print Name McHenry T. Tichenor, Jr.
Title President			Telephone No. (include area code) (214) 525-7700
Date September	27, 2000		

A. FULL-TIME EMPLOYEE DA				MALE					FEMALE		
JOB CATEGORIES	TOTAL.	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NAITVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(aj)	(a)	(p) ~	(c)	(4)	(e)	(1)	(g)	(h)	(i)	<u> </u>
OFFICIALS & MANAGERS	10	6		3			1				
PROFESSIONALS	13	3					6		2	2	
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	10						3		7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)									_		
SERVICE WORKERS											
TOTAL	33	9		3			10		9	21	

B. PART-TIME EMPLOYEE DA	PAID			MALE				FEMALE			
9 CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS			(0)	(4)	(W)	(6)	(1)	(g)	(h)	(i)	Ű
PROFESSIONALS	1		1							 	"
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						45					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1		1								

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

ECTION I			
Legal Name of the Licensee See Exhibit			
Mailing Address			
3102 Oak Lawn Aven	ue (Suite 215)		
City Dallas		State or Country (if foreign address	
Telephone Number (include area		E-Mail Address (if available)	75219-6991
Contact Counsel (2	02) 293-3860 Facility ID Numb	A.	To Itai
	See below		Call Sign
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station Ho	eadquarters
X Radio TV	Educati	ional Radio] но
Low Power	ΓV	ional TV	
[International			
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KTNQ (AM)	35673	X AM FM TV	Los Angeles, CA
KLVE (FM)	35086	☐ AM ※ FM ☐ TV	Los Angeles, CA
KSCA (FM)	24548	☐ AM 🗓 FM 🗌 TV	Glendale, CA
KRCD (FM)	1025	AM X FM TV	Inglewood, CA
KRCV (FM)	19088	☐ AM X FM ☐ TV	West Covina, CA
	!	AM FM TV	
		☐ AM ☐ FM ☐ TV	
		AM FM TV	
SECTION III A. PAYROLL PERIOD COVERE	D BY THIS REPORT (DATE)	July 1 - 15, 2000	
B. CHECK APPLICABLE BOX		·	
Fewer than five full-tin		t during the selected payroll period	(Complete page one only and
Five or more full-time of certification statement a		ring the selected payroll period (Co	mplete all sections of form and

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mar	21	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00		

A. FULL-TIME EMPLOYEE DA			······································	MALE					FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(≥-j)	(a)	(b) ···	(c)	(d)	(0)	(f)	(g)	(h)	(i)	O)
OFFICIALS & MANAGERS	25	8	1	7			3	1	4	1	
PROFESSIONALS	31	1		20					9	1	
TECHNICIANS	2	1			1						
SALES WORKERS	30	1		15			4		10		
OFFICE & CLERICAL	37			16			1		20		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	2			2							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	127	11	1	60	1		8	1	43	2	

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE				FEMALE			
VOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS &	(a-j)	(a)	(p)	(c)	(d)	(e)	(1)	(g)	(b)	(i)	(i)
MANAGERS	i 						}]) 		
PROFESSIONALS	10			8					2		
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	14			6					8	!	
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS	1			1							
TOTAL	25			15					10		

This Annual Employment Report is being filed for KTNO-AM License Corp., licensee of Station KTNQ, Los Angeles, KLVE-FM License Corp., licensee of Station KLVE, Los Angeles, and HBC License Corporation, as licensee of Stations KSCA, Glendale, KRCD, Inglewood, and KRCV, West Covina, California. Although the foregoing stations are licensed to more than one entity, it is appropriate to file a single FCC Form 395-B for the stations because the foregoing licensees are all subsidiaries of Hispanic Broadcasting Corporation, and the stations are all in the same market (Los Angeles, California) and have at least one employee in common.

L:\\1842\037\EXHTForm 395-B Exhibit.doc

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I			
Legal Name of the Licensee			
Tichenor License C	orporation		
Mailing Address 3102 Oak Lawn Aven			A Company
City Dallas		State or Country (if foreign address	
Telephone Number (include area		E-Mail Address (if available)	75219-6991
	02) 293-3860		
	Facility ID Numb		Call Sign
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station He	eadquarters
X Radio 🗌 TV	☐ Educat	ional Radio	HQ
Low Power	TV Educat	ional TV	
[International			
B. List call sign and location of a share one or more employees.	all stations whose employees are	on this report. This should include	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KGBT-FM	6662	AM X FM TV	McAllen, TX
KIWW (FM)	67072	☐ AM 🗓 FM 🗌 TV	Harlingen, TX
KGBT (AM)	67067	X AM FM TV	Harlingen, TX
		☐ AM ☐ FM ☐ TV	
		AM FM TV	
		AM FM TV	
		AM FM TV	
		☐ AM ☐ FM ☐ TV	
SECTION III A. PAYROLL PERIOD COVERE	D BY THIS REPORT (DATE)	July 1 - 15, 2000	
B. CHECK APPLICABLE BOX			
Fewer than five full-tin		t during the selected payroll period	(Complete page one only and
Five or more full-time of certification statement a	employees in employment unit du nd return to FCC)	ring the selected payroll period (Cor	nplete all sections of form and

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Man Z	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date / 9/17/00	

A. FULL-TIME EMPLOYEE DA				MALE					FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(ə-j)	(a)	(b)	(c)	(d)	(e)	(1)	(2)	(h)	(i)	0)
OFFICIALS & MANAGERS	10	1		6					3		
PROFESSIONALS	15			12					. 3	ļ	
TECHNICIANS											
SALES WORKERS	15			8					7		
OFFICE & CLERICAL	4			1					3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	3			3							
LABORERS (UNSKILLED)	1			1							
SERVICE WORKERS										_	
TOTAL	48	1		31					16		

B. PART-TIME EMPLOYEE DA				MALE					FEMALE		
OB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	8			8					 	 	
SALES WORKERS										 	
OFFICE & CLERICAL	1								1		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	5			5							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	14			13					1		

ANNUAL EMPL	OYMENT REPORT	
Corporation		
nue (Suite 215)	State on Court (SC)	
	TX	ZIP Code 75219-699
a code)	E-Mail Address (if available)	
	nber	Call Sign
•		Call Sign
Noncomm	nercial Broadcast Station H	leadquarters
Educa	ational Radio] HQ
r TV	- Alexal TTI	•
	anangi iv	
	ational TV	
nal	:	
nal	:	commonly owned stations wh
nal	on this report. This should include	commonly owned stations wh
f all stations whose employees are	:	commonly owned stations wh
nal	on this report. This should include	T
f all stations whose exaployees are Facility ID Number	Type (check applicable box)	Location (city, state)
f all stations whose employees are	Type (check applicable box)	Location
f all stations whose exaployees are Facility ID Number	Type (check applicable box)	Location (city, state)
f all stations whose employees are Facility ID Number 67065	Type (check applicable box)	Location (city, state) El Paso, TX
Facility ID Number 67065	Type (check applicable box) X AM FM TV	Location (city, state) El Paso, TX El Paso, TX
Facility ID Number 67065	Type (check applicable box) X AM FM TV AM X FM TV X AM FM TV AM FM TV	Location (city, state) El Paso, TX El Paso, TX
Facility ID Number 67065	Type (check applicable box) X AM FM TV AM X FM TV X AM FM TV AM FM TV AM FM TV AM FM TV	Location (city, state) El Paso, TX El Paso, TX
Facility ID Number 67065	Type (check applicable box) X AM FM TV AM FM TV X AM FM TV AM FM TV	Location (city, state) El Paso, TX El Paso, TX
Facility ID Number 67065	Type (check applicable box) X AM FM TV AM X FM TV X AM FM TV AM FM TV AM FM TV AM FM TV	Location (city, state) El Paso, TX El Paso, TX
	Noncomm	State or Country (if foreign address TX E-Mail Address (if available) Facility ID Number See below Noncommercial Broadcast Station Educational Radio

- certification statement and return to FCC)
- X Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mu	21	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00	7	

A. FULL-TIME EMPLOYEE DA		MALE							FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(p) ·	(c)	(d)	(e)	(0)	(g)	(%)	(i)	<u> </u>
OFFICIALS & MANAGERS	7	1		3					3		
PROFESSIONALS	9			6					3		
TECHNICIANS	3			3							
SALES WORKERS	4						2		2		
OFFICE & CLERICAL	6								6		
CRAFT WORKERS (SKILLED)									!		
OPERATIVES (SEMI-SKILLED)			:								
LABORERS (UNSKILLED)	2			2							
SERVICE WORKERS										i	
TOTAL	31	1		14			2		14		

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE			<u></u>		FEMALE	 -	
B CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS	(a -j)	(4)	(b)	(c)	(d)	(e)	<u>(1)</u>	(g)	(h)	(i)	<u></u>
PROFESSIONALS											· · · · ·
TECHNICIANS										 	<u> </u>
SALES WORKERS											
OFFICE & CLERICAL	1								1		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						·. ·					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1					:			1		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

ECTION I			
Legal Name of the Licensee			
Tichenor License C Mailing Address	orporation		
3102 Oak Lawn Aven	ue (Suite 215)		·
City Dallas		State or Country (if foreign addres	ziP Code 75219-6991
Telephone Number (include area Contact Counsel (2	code)	E-Mail Address (if available)	1 13213-0331
	Facility ID Numb		Call Sign
SECTION II	See below		
A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	ercial Broadcast Station He	eadquarters
X Radio TV	☐ Educat	ional Radio] HQ
Low Power	TV Educat	ional TV	•
[International	I		
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KCOR (AM)	67069	X AM FM TV	San Antonio, TX
KROM (FM)	67071	☐ AM ※FM ☐ TV	San Antonio, TX
KXTN-FM_	67064	☐ AM 🗓 FM 🗌 TV	San Antonio, TX
KXTN (AM)	67070	X AM FM TV	San Antonio, TX
		AM FM TV	
		AM FM TV	
		□ AM □ FM □ TV	
		☐ AM ☐ FM ☐ TV	
SECTION III A. PAYROLL PERIOD COVERE	D BY THIS REPORT (DATE)	ruly 1 - 15, 2000	
B. CHECK APPLICABLE BOX			
Fewer than five full-time certification statement a	ne employees in employment unit nd return to FCC)	during the selected payroll period	(Complete page one only and
Five or more full-time e certification statement as	employees in employment unit dur nd return to FCC)	ing the selected payroll period (Cor	nplete all sections of form and

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	MnJ-1	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/17/00		

A. FULL-TIME EMPLOYEE DA			MALE						FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACTIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(≥-j)	(a)	(b) .	(c)	(d)	(*)	(8)	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS	15	4		8			1		2		
PROFESSIONALS	17			10					7		
TECHNICIANS	1			1				<u></u>			
SALES WORKERS	14			4			3		7		
OFFICE & CLERICAL	13			2					11		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	1								1		
SERVICE WORKERS											
TOTAL	61	4		25			4		28		

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE			FEMALE				
VB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN
	(a -j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	NATIVE (j)
OFFICIALS & MANAGERS		 									
PROFESSIONALS	7			5					2		
TECHNICIANS	4			2					2		
SALES WORKERS											
OFFICE & CLERICAL	5			2					3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						,, ·					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	16			9			!		7		

		AST STATION OYMENT REPORT	3060-03
ECTION I		OTHERT REPORT	
egal Name of the Licensee			
See Exhibit Mailing Address			
3102 Oak Lawn Ave	nue (Suite 215)		·
City Dallas		State or Country (if foreign address TX	
elephone Number (include area	code)	E-Mail Address (if available)	75219-6991
Contact Counsel (2020 293-3860 Facility ID Num	her	Call Sim
we was Section to the section of the	See belo		Call Sign
ECTION II			
. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomm	nercial Broadcast Station He	eadquarters
Radio 🗌 TV	☐ Educa	ational Radio	НQ
Low Power	TV Fduc	ational TV	
_			
Internation	ai		
3. List call sign and location of	f all stations whose employees are	on this report. This should include	commonly owned stations whic
hare one or more employees.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLAT (AM)	67063	X AM FM TV	Houston, TX
KLTN (FM)	65310	☐ AM ※FM ☐ TV	Houston, TX
KOVE-FM	25583	☐ AM 🗓 FM 🗌 TV	Port Arthur, TX
KOVA (FM)	57806	☐ AM 🗓 FM 🗌 TV	Rosenberg, TX
KLTO (FM)	479	☐ AM 🗓 FM 🗌 TV	Galveston, TX
KRTX (AM)	57804	🛛 AM 🗌 FM 🔲 TV	Rosenberg-Richmond TX
KRTX-FM	57801	☐ AM X FM ☐ TV	Winnie, TX
K285CS	57800	AM FM TV	Houston, TX
SECTION HI	RED BY THIS REPORT (DATE)	July 1 - 15, 2000	

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- \mathbf{X} Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Muc	-11	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00	7	

A. FULL-TIME EMPLOYEE DA				MALE			FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(arj)	(a)	(b)	(c)	(d)	(0)	(1)	(g)	(h)	(i)	<u> </u>
OFFICIALS & MANAGERS	18	3		7	1		4	1	2		
PROFESSIONALS	30			23				1	6		
TECHNICIANS	2	1	1								
SALES WORKERS	23	2		10			5	1	5		
OFFICE &	12			2				2	8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	85	6	1	42	1		9	5	21		

B. PART-TIME EMPLOYEE DA	TAID			MALE				(NOT HISPANIC) PACIFIC INDI HISPANIC) ISLANDER ALAS NAT			
*8 CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	(NOT	HISPANIC	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE
	(»-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS				}_							
PROFESSIONALS	19			13					6		
TECHNICIANS	22			17					5		
SALES WORKERS											
OFFICE & CLERICAL	8							1	7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS										····	
TOTAL	49			30	-			1	18		